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PATENT

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**FACSIMILE TRANSMITTAL LETTER**

Attorney Docket No.	Serial No.
117-P-1345USD2	10/822,120

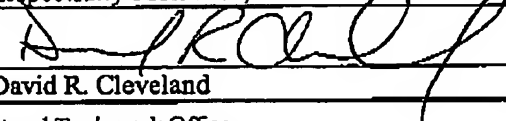
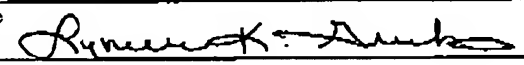
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Alexandria, VA 22313-1450

TOTAL NO. OF PAGES: 28  
Sent to Facsimile No.: 571-273-8300  
Examiner Phone No.: 571-272-1504

In re Application of:	Mark D. Levitt, Bryan M. Anderson, Keith E. Olson and Kim R. Smith		
Serial No.:	10/822,120	Examiner:	Sheeba Ahmed
Confirmation No.:	2471	Art Unit:	1773
Filed:	April 9, 2004		
For:	STRIPPABLE LAMINATE FINISH		
We are transmitting the following documents: Facsimile Transmittal Letter [1 page] Fee Transmittal For FY 2005 [1 page] Amendment After Final Rejection [16 pages] Supplemental Information Disclosure Statement [2 pages] PTO Form 1449 [1 page] with 1 reference listed thereon [7 pages]			

Please charge Deposit Account 50-0549 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

Respectfully submitted,

Registration No. 29,524	Direct Dial 612-331-7412	
Date: November 22, 2005		David R. Cleveland
United States Patent and Trademark Office Customer No. 23322		
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Pursuant to 37 CFR 1.8, I certify that this correspondence is being sent to the telephone number shown below, addressed to: MS: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.		
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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 180
**Complete if Known**

Application Number 10/822,120  
 Filing Date April 9, 2004  
 First Named Inventor Mark D. Levitt  
 Examiner Name Sheeba Ahmed  
 Art Unit 1773  
 Attorney Docket No. 117-P-1345USD2

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**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 50-0549 Deposit Account Name: IPLM Group, P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
 - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

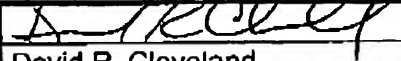
Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental Information Disclosure Statement fee under 37 CFR 1.97(c) and 1.117(p)

**Fees Paid (\$)**

180

**SUBMITTED BY**

Signature  Registration No. 29,524 Telephone 612-331-7412  
 (Attorney/Agent)  
 Name (Print/Type) David R. Cleveland Date November 22, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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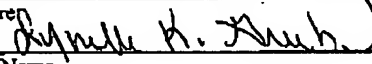
Docket No.: 117-P-1345USD2

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Mark D. Levitt, Bryan M.  
Anderson, Keith E. Olson and Kim R. Smith

Serial No.: 10/822,120  
Filed: April 9, 2004  
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Group Art Unit : 1773  
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Facsimile Number 571-273-8300	Signature 
Date of Transmission November 22, 2005	Printed Name Lynelle K. Grube

**AMENDMENT AFTER FINAL REJECTION**

MS: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**Introductory Comments**

This is in reply to the Final Rejection mailed September 22, 2005. Reconsideration is requested in view of the following remarks: